

HOYT (E.F.)

OBSERVATIONS AND EXPERIENCES  
INVOLVING  
**Rectal Diseases**



By E. F. HOYT, M. D.

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EBBITT HOUSE,  
EVERY SUNDAY.

Read before New York Medical Society,  
February 14th, 1889.



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THE condition, referable to this specialty, that carries the largest amount of rebellion, when presented for relief, is a case of Pruritus Ani. With what anguish its unhappy victims battle through innumerable sleepless nights fighting this demon of so-called local epilepsy, with its long array of itching, burning, exuding, corroding, exhausting, and blasphem-

ming characteristics, as though they had been brewed by the chemistry of hell. The whole organization becomes a chaotic discord, the disposition is cruelly warped, the countenance shows a sad picture of living woe, the carriage is nearly lost to all laws of equilibrium, and the complete being merges into a throbbing phantom of despair, trembling upon the very threshold of idolized

suicide. Of course I speak of the most aggravated cases, instances that seldom occur within the experiences of general practitioners. Wherefore then these phenomena? What is the mighty influence that yields so much distress, as all these objective symptoms are but an appearance outflowered by some subtle and specific force. The meagre literature upon this subject hobbles upon the crutches of hypothetical inferences, telling you *perhaps* it is capillary congestion, or chronic proctitis, or neurotic hyperæsthesia or eczema, or malaria, suggesting a panoramic array of remedial agencies, all unsatisfactory, thereby confessing to a sad condition of helpless empiricism. My comprehension of this subject compels me to endorse the parasitic theory, though it may excite your disapproval, and per-

haps your ridicule, yet it can be easily verified by directing your management toward the destruction of the parasite, when all symptoms will disappear. Mercury is quoted as nearly a specific for the annihilation of these marauders, and the very best method of administration is by using Lotio Niger. Thrice daily the patient showed relax, the respiration of the cutaneous surface by the free application of hot water, just as hot as it can be comfortably endured. Then immediately afterward, *while the skin is made absorbent* by the action of the liquid heat, it should be saturated with this medicine in the most thorough manner. Within three days time the itching will be reduced fifty per cent., but the complete result is attained only after a continued use of from four to eight weeks. In many cases there

will remain points or patches where the agent does not seem to act, and to these I usually apply the regular Unguentum Hydrargyri. Avoid all soaps and ointments except as above stated, thereby preventing the obstruction to absorption of the remedy, as it has to enter the pores of the skin in order to act upon these energetic enemies that hold their victims under such a terrible bondage.

Rectal abscess does not require any language as to its description, yet in the collateral features there is an incident complication of great importance, a complication that has always been accepted as inevitable, and without the slightest effort to successfully obviate it. I refer to Fistula. Every one knows that the reason of this calamitous sequence to the existence of an

abscess is due to the constant mobility of the tissue involved—therefore the sensible action necessary for preventing this result would very naturally mean the overcoming of this objectionable mobility. When the abscess has been brought to a condition of suppuration by industriously poulticing, it must be opened. The patient is placed under the influence of nitrous oxide gas by my friend Dr. F. Hasbrouck, when the abscess is lanced, and at the same time I thoroughly and forcibly dilate the sphincter muscle, whose busy action is the power that lends to a rectal abscess all the terror that is involved in a fistulous complication. When this is done the pocket promptly closes as though situated in locations that are always at rest. The first intimation I ever had of this process was in April,

1883. I was called to see a gentleman about 50 years old, living near 5th Avenue and 56th Street, and of some importance in the financial world. I found him suffering from a rapidly maturing abscess involving a large mass of tissue, and in conjunction with this he had a very angry fissure. It was the fissure that induced me to dilate the muscle so as to correct that with the management of the central condition, thereby avoiding any reference to it at a subsequent date. I cautiously warned the gentleman that he would have a fistula in consequence, and he duly expected to experience the delights of such a desirable condition. However, the immense cavity rapidly filled, closing entirely, much to my surprise, and as you can readily imagine, exciting the radiant

joy of the patient himself. In speculating upon the wherefore of this pleasing result, I mentally concluded, that, in rendering the parts passive by the muscular dilatation, I had made it possible for this desirable accomplishment, which I proceeded to verify at my next opportunity. The case following this was a young man of about 20, whose parents had both died from consumption, and he exhibited indications of following their experiences. In this case I proceeded with premeditation, as I had done in the above related experience; by coincidence the result was prompt and satisfactory, there not being any fistulous sequence. The conclusion adopted from that time, that putting at rest the disturbing mobility was the explanation of complete closure, has been prac-

tically proved in many similar examples during the years that have elapsed since 1883.

Almost as common as any condition involving the subject matter of this occasion is Rectal Prolapsus. Those who have never contemplated the arithmetic of this matter would be surprised and shocked if they could be made acquainted with the figures expressing the ratio of people whose lower intestine insists upon protruding itself into the outer world to the great moral and physical detriment of the unhappy victims. I speak of specific prolapsus arising from relaxed rectum or sphincter muscle, and not to the necessary or contingent condition associated with hemorrhoidal developments. What does the general practitioner behold when journeying upon the high-

way of current authorities upon this condition? The principal object of his vision is a red-hot iron. How many cases would come under the direction of a specialist if he did not have anything else to offer this class of sufferers but a local conflagration with its concomitants of necessary anaesthesia, prolonged absence from business, possible ugly ulcerations, and almost uniform uncertainty? Not one in five thousand.

How much better is the spirit that is free from ostentation, that consoles the patient by methods that live in simplicity, and instead of the terror arising with the smoke of local combustion, exhales the peace born of confidence, a confidence established by deeds that appeal to cultured minds, teaching its lesson of *quiet accomplishments*?

Prolapsus is the easiest kind of a case to overcome. By introducing a speculum furnished with a lateral slide, and then withdrawing the slide to the line that marks the union of the mucous membrane and skin, there insinuates itself into this cylinder of the speculum a mass of sub-mucous tissue. By means of a long needle attached to a hypodermic syringe, inject about five to ten drops of a 10 per cent. solution of carbolic acid. The constriction enacted by the fenestral margins of the speculum confine the agent to this particular location, and it almost immediately enters into a chemical union which, becoming absorbed, superinduces a condition of atrophy, thereby in reality shortening the rectum at this point. By making the circuit of the entire intestine in this way at intervals of

about six days you will soon have overcome the relaxed condition and the prolapsus ceases to exist. This can be accomplished without pain, detention from business, interference of the function, leaving the mucous membrane itself entirely intact. The first example I intend to describe in illustration of this process is the case of a gentleman whom you all know, and who died about six years subsequent to my professional relations with him. There has been such a flood of imagination floating with the currents of newspaper sensationalism, ascribing his dissolution as a direct result of correcting the rectal difficulty, that I am almost impelled to give his name, inasmuch as he was a public man, and freely talked of this experience during the balance of his lifetime. I was called to see

him February 11th, 1881, by recommendation of the late Dr. John Gray. Upon examination I found a double lateral prolapsus of such a degree of instability that standing only for a short time would cause the protrusion. As above explained, I injected into the tissue above the sphincter muscle, beginning with the left. Even this so contracted the rectum that it never came out from that time. Yet as a matter of judgment I acted upon the other side in about one month. This was all the treatment he ever received for this condition from that date. And even now his most intimate friends tell how he rejoiced over this success almost daily during the brief period of his subsequent existence. I would ask if there was anything in this experience to produce apoplexy after a lapse

of half a dozen years? The next example is a case I have just completed. A gentleman about 50, excellent general health, whose name is conspicuous at the head of a Broadway house, and introduced by his family physician, a member, I presume, of this society. I found him in a condition of almost helplessness from the readiness to which the intestine would prolapse, a toneless mass of burdensome tissue. This is an example that would have delighted the disciples of topical combustion, yet by dealing with the malady as above explained, the result has been satisfactory and complete, attending to his usual business all through the treatment, and now he is free from a perpetual apprehension, happy in an increased confidence he has in himself, having gained many pounds in

excess of his weight as registered during the depressing days of his chronic illness.

The dilatation of the sphincter muscle is a remedial process that appears very simple of itself, yet its judicious application has a broader sphere than a superficial consideration would warrant. There are many cases of ladies whose nervous systems are of that delicate and susceptible nature that any manifestation of a reflex action is sure to construct a range of symptoms that tell of a disturbance difficult to correct, and especially profuse as to the volume of sufferings entailed.

I will illustrate my meaning by a practical experience. In April, 1882, there walked into my office a lady of about thirty-three years of age, handsome, rich, married, and in good gen-

eral health. She proceeded to tell her story, and a "tale she did unfold," relating experiences she had had with nearly all the available physicians here and in Brooklyn, telling of many operations endured, mentioning a galaxy of remedies she had tested, enumerating a wilderness of pains, and still suffering. She concluded her pathological autobiography by boldly stating that if I should promise to do her any good she would think me either a knave or a fool, as she had consulted gentlemen that knew all that was known upon this subject, and without result. I replied by politely asking her to promptly walk out into the street. Do you know, returning impudence for impudence commanded her confidence at once, and she came down from her lofty pinnacle of egotism, and proceeded to compro-

mise our differences. She was one of those fine cultured women, highly educated, gifted with a large ability to enjoy or suffer, possessing a disposition that was at times a perfect flower garden of angelic loveliness, magnetic, poetic, æsthetic, just the kind of a woman to ensnare the sentiment of any large souled man, until she had unloaded in his presence one of her cyclonic waves of pyrotechnical temper, and then he would hate her. All this proves that the most unsystematic of all systems is the nervous system. The local condition, as manifested by her descriptive language, was one of almost constant tenesmus, delicate soreness, and an inability to have a natural movement of the bowels, which was only accomplished by taking a large amount of compound licorice root upon

retiring, which responded the following morning, leaving the patient so exhausted that she had to remain in bed all that day. And this had been going on for fifteen years. By forcing the function only about three times weekly could she realize any comfort at all. Upon examination I found a sensitive spasmodyc sphincter muscle, with its correlative condition of engorged submucous tissue. It was tissue of this character that had been excised under the mistaken impression of being hemorrhoids. Only in women of such fiery and eccentric temperaments have I ever found this particular manifestation, and that is the reason I elaborate her peculiarities so minutely, as it is safe to suspect a spasmodyc sphincter wherever a high-strung, nervous woman tells of having obstinate constipation attended

with great exhaustion subsequent to a movement. The slightest effort to exercise any extrusive force would cause the muscle to spasmodically contract, and thus it had misbehaved for all this time, obstinately refusing to surrender, and would have held to its wayward career until now had not its conceit been overcome by dilatation, and in two days' time the woman was well and remains so to the present date.

Another attractive specimen of necessity for dilatation was the case of a lady about 50 years of age, in good general health, and very nervous. About four years since she called upon me and related experiences arising from her condition, experiences realized in nearly every capital of the whole world, and varied enough in detail to form the subject matter of a Rider Haggard

novel. Upon examination I discovered a hypertrophied sphincter muscle, so extensively thickened that it was impossible to have a natural movement of the bowels. For about twenty years, and by the advise of a physician in Rome, she had introduced into the rectum every night upon retiring about eight inches of a large Roman candle, such as are used in the cathedrals there, and during the following morning the relaxation had been so accomplished as to allow the movement after this taper had been withdrawn. The muscle was promptly dilated and from that time she discontinued the Roman expedient, gained greatly in general health, and has been a much happier woman ever since.

I will give a few words in description as to the best means of dilating this

muscle. In the books you are told to lay the patient on the back, with buttocks close down to the edge of the bed, limbs flexed upon the abdomen—a very awkward position in case of ladies—then introducing the two thumbs produce your traction.

This idea is all covered over with objections. In the first place no one can command a sufficient amount of force for the purpose, and, besides the patient would extend the limbs just as soon as he is under the anesthesia, therefore requiring two assistants, besides the one giving the ether, consequently glamouring the occasion with so much useless pretense, and I do hate a redundancy of effort. By laying the patient on the left side, back close to the edge of bed, limbs flexed upon the abdomen—*where they will remain*—then intro-

ducing the thumb of right hand, and the index finger of left hand, in this manner you can easily control the situation without seeming effort, and gain the desirable sentiment of using means that represent the emphasis of simplicity. I hardly deem it necessary to more than mention the subject of hemorrhoids, as this malady is so well understood by all practitioners, still, as repetition is the only highway to skill, will say that any hemorrhoidal tumor, or any tissue of like consistency, can be most satisfactorily obliterated by injecting into its substance a few drops of a solution of carbolic acid and glycerine, equal parts, diluted with six times its volume of water.

There is not a hemorrhoidal case possible but what can be obliterated by this means, and I am at a loss to ex-

plain why so many cling to methods that carry so much havoc and suffering. I have used this process in about five thousand (5000) instances during the past fifteen years, and I do not believe there could be devised a more simple and satisfactory treatment. If every college in the land would have this subject demonstrated by men of experience and learning, all other means would soon lose recognition. Those that do not subscribe to any departure from the religion of the *Materia Medica* will find it hard to answer why a potentized medicine should remove a mass of tissue that has become—by accident forces—just as much a part of the general organization as any other feature of the human anatomy. Is it possible to wing a few pellets upon the medium of the

arterial circulation, and whisper instructions into its dynamanized senses, telling them to hesitate at those nerve centres that rule over this hemorrhoidal existence just long enough to constrict their offices of nourishment, thus absorbing the difficulty? There are a multitude of experiences recorded where the results are attributed to medicinal action, while in reality it is a matter of coincidence. A person may have transient congestion, a condition self-limited to about ten days' duration, the physician does not make an examination, calling the case "an attack of Piles." When the indicated remedy is exhibited, the irritation ceases when this medicine is promptly underlined as reliable for all hemorrhoidal conditions. If there is one expression I would use with extra and

vigorous emphasis it is to never prescribe for a rectal difficulty without making an examination, for there is such a pandemonium of reflex symptoms arising from this class of cases that it is always an easy matter to marry them—with perfect compatibility—to the pathogenesis of nearly every remedy in the *Materia Medica*. There will always be hemorrhoidal cases as long as civilization exists and hemorrhoidal veins remain unfurnished with valves. I have often been asked why there are not any valves in these vessels. To those who believe in the theory of evolution, I refer to that inscrutable and very distant past, when these bloodvessels were in a horizontal position, and that since they have become upright there has not elapsed a sufficient time for nature to fill this

new demand, as she surely will some time during the incomprehensible future.

The experience I will give in example of this treatment is not a hemorrhoidal one, but it caused me more sentimental satisfaction than any result I ever achieved. A young lady, about 25, good general health, living in Fifth Avenue, and recommended by her physician. She was suffering from a hypertrophy of right wall of the rectum.

An active disposition, fond of horseback riding, traveling, society, but was incapacitated on account of this condition, as upon the slightest encouragement the enlargement would become everted, presenting a smooth, glassy, spherical surface, quite dense in consistency, and about one and a

half inches in diameter. The young lady was very sensitive, refusing all treatment that told of pain, hence the reason for deferring any attempts towards removal for so many years. I began by injecting into the central substance about five drops of this solution, repeating every week, and at the end of one month the mass had disappeared, unattended with suffering, she being about the house as usual ; the growth simply subsided by

atrophy, and the surface was not even broken. This was two years ago, and she has since developed a sufficient amount of vigor to go around the world on horseback if necessary.

To those that cling to the old superstition about hemorrhoids being a golden vein, or avenue of escape for constitutional dyscrasies, I would ask if they really think the God of Nature would stoop to a compromise ?

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